

Public Board Meeting:
Agenda Item: 1
Enclosure No: TB2018/070

TRUST BOARD MEETINGS

MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available at the meetings, on our website www.buckinghamshirehealthcare.nhs.uk, or may be obtained in advance from:

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Members of the public will be given an opportunity to raise questions related to agenda items at the beginning of the meeting. Questions are welcome in advance in writing, by email or telephone; or verbally at the meeting. The Board will respond to questions during the content of the meeting.

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

An acronyms buster has been appended to the end of the papers.

Hattie Llewelyn-Davies

Chair

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.

PUBLIC BOARD MEETING 26 September 2018

Details of the Paper

Title	Patients Story
Responsible Director	Audrey Warren
Purpose of the paper	To demonstrate a responsive and effective service that gets it right first time for the child and the family
Action / decision required (e.g., approve, support, endorse)	Endorse patients story within CYP therapy service

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to? Reduce variation in Quality and Efficiency, Health and Wellbeing

Please summarise the potential benefit or value arising from this paper:

Demonstrates how a patient experience and journey ensures processes and interventions can deliver the right outcomes for a child and their family.
Implementation of innovative clinical developments using evidence based practise to deliver better outcomes for children and young people.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> No
	<i>Financial Risk:</i> No

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	<p>Effective - Patients' needs are met and care is in line with national guidelines and NICE quality standards, and promote best chance of getting better</p> <p>Caring: Patients are treated with compassion, respect and dignity and that care is tailored to their needs</p> <p>Responsive: Patients get the treatment or care at the right time, without excessive delay and are involved and listened to</p>
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Author of paper: Nicola Harrison, Hannah Berlouis

Presenter of Paper: Nicola Harrison, Amanda Sillitoe

Other committees / groups where this paper / item has been considered: CYP SDU, Therapy service meetings

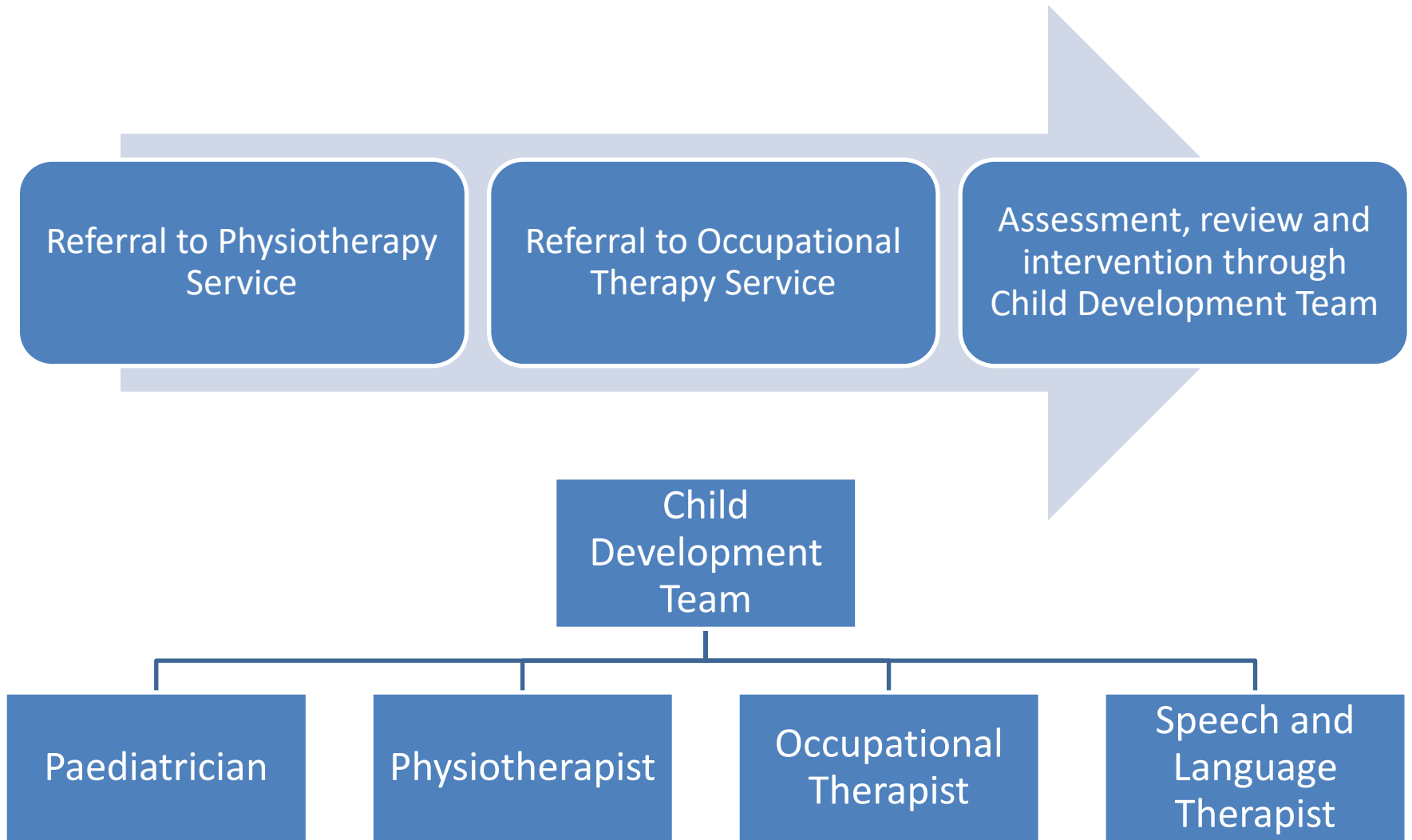
Date of Paper: 7th September 2018

Patient's Journey

Presented by: Nicola Harrison and Amanda Sillitoe

Date: September 2018

Patient Journey – Initial Referral



Patient Journey – Themes

Evidence Based Practice

- Modified Constraint Induced Movement Therapy

Joint working

- Internal referral between services
- Reduction in number of appointments
- Better communication

Play based

- Therapy designed to be fun
- Use of themes and group activities

Feedback from Parent

'I hope that we can do it again in the future, all the family have noticed an improvement in XXX and it was really helpful and has worked wonders.'

'My child is able to complete tasks he was unable to do before the therapy and became more confident to use his affected hand in a general setting'

'This was my sons second intervention and both times we have been able to see an improvement in use and awareness of affected arm'

' I am in regular contact with both his Physio/OT so we have ongoing communication about his next steps'

'I believe this is a really worthwhile intervention. I am grateful he is able to access this treatment and hope they continue to be able to offer it.'

Feedback from Parent

‘It may have helped if occasional sessions were outside school hours as he did miss a lot of school and is already slightly behind her peers.’

‘I was delighted with the group, the activities were fun and engaging and motivating enough for my son to want to try them with his affected arm. The sessions were well planned and thought out and the familiar routine each time helped him to settle quickly into each sessions. All the team were happy, patient and full of energy. Congratulations to them all for this great success.’

‘They tailored the activities well for his age/interest and were flexible when he was reluctant to perform certain tasks’

Feedback from Child

'XXX reported that he enjoyed the group and he most enjoyed hitting the balls with the bat and the song.'



Minutes of the Trust Board Meeting in Public on Wednesday 25 July 2018 at 9.00am – 11.30 am in the Hampden Lecture Theatre, Wycombe Hospital

Present:

Voting Members:	Ms H Llewelyn-Davies Mr N Macdonald Mr J Drury Mrs N Fox Mr R Jaitly Mr G Johnston Dr T Kenny Mrs C Morrice Prof M Lovegrove	Chair Chief Executive Officer (Interim) Director of Finance Chief Operating Officer (Interim) Non-Executive Director Non-Executive Director / Senior Independent Director Medical Director / Director of Infection Prevention and Control Chief Nurse Non-Executive Director
Non-Voting Members:	Mrs B O'Kelly Mr T Roche Prof D Sines Mr D Williams	Director of Workforce and Organisational Development Associate Non-Executive Director Associate Non-Executive Director Director of Strategy and Business Development
In Attendance:	Miss E Hollman Ms Liz Monaghan	Director for Governance Matron – Specialist Palliative Care (for patient story)

099/2018	<p>CARE AWARDS The Chief Executive Officer presented the Care Awards given to staff nominated by patients and colleagues for demonstrating the Trust's CARE values: Collaborate, Aspire, Respect and Enable. Winners were: Ms Sally Sharpe; Ms Rebecca Shirley; Ms Maria Clarke; and Ms Amanda Liddle.</p>
100/2018	<p>CHAIR'S WELCOME AND OPENING REMARKS The Chair welcomed everyone to the meeting in particular those attending to receive a Care Award and the members of the public who were in attendance.</p>
101/2018	<p>APOLOGIES: Apologies had been received from Dr D Amin and Mrs Rachel Devonshire.</p>
102/2018	<p>DECLARATIONS OF INTEREST There were no additional declarations of interest.</p>
103/2018	<p>PATIENT STORY The Chief Nurse introduced Liz Monaghan, Matron and Specialist in Palliative Care, who provided a presentation highlighting the importance of high quality care at the end of a person's life. This was followed by a number of questions from the Board. In answer to Mr Williams' question about the single thing that we could change which would make a big impact Ms Monaghan responded that setting up a Rapid Response mechanism</p>

	<p>for the north of the county would make a big difference.</p> <p>Mr Jaitly emphasised the importance of cultural considerations in planning for conversations about death.</p> <p>The Chief Operating Officer queried the role of primary care in relation to Advanced Care Planning and it was clear that there was a significant role for primary care in this respect. Ms Monaghan and team were working on providing support through training, and working closely with FedBucks, the local GP Federation.</p> <p>The Medical Director commended the evident joy with which Ms Monaghan spoke about providing high quality care. She reflected that there were multiple methods of communication that we should be exploring to facilitate discussions about end of life care.</p> <p>Professor Lovegrove was keen to understand about the metric ‘preferred place of death’ whereby ‘home’ was selected in the majority of cases. She wanted to know whether this was genuine or a pressure coming from the health service. Ms Monaghan agreed that this metric could be misleading as people are asked the question when they are well and may not have thought about the implications of end of life care in the home. In her view we should be focusing on quality of care experience rather than the metric about the preferred place of death.</p> <p>Mr Roche expressed his frustration that the good work that the NHS does is not always publicised. He urged the executive team to find ways of getting the message across.</p> <p>Mr Johnston considered that the taboo around talking about death was reducing, however in this day and age, in general, people have very little contact with death. Ms Monaghan agreed and in her experience many people’s understanding about end of life care and death is gained from media such as television dramas which can be quite unrealistic.</p> <p>The Chair thanked Ms Monaghan and commended the presentation. The Board noted the patient story.</p>
<p>104/2018</p>	<p>MINUTES OF THE MEETING HELD ON 30 MAY 2018 The minutes were accepted as an accurate record of the meeting.</p>
<p>105/2018</p>	<p>MATTERS ARISING AND ACTION MATRIX 106/2017 - Lone worker policy: The Director of Finance informed the Board that the procurement process had commenced for safety devices for lone workers with a view to the devices becoming operational in September 2018.</p> <p>The Director of Finance was asked to confirm back to the Board in September 2018 that this had been achieved.</p>
<p>106/2018</p>	<p>CHIEF EXECUTIVE OFFICER’S REPORT The Chief Executive Officer presented his report outlining areas of learning, outstanding practice, quality and performance, strategic view, and specific achievements. This was accompanied by a summary of matters discussed at the Executive Management Committee.</p> <p>The Board noted the Chief Executive’s report.</p>
<p>107/2018</p>	<p>QUESTIONS FROM THE PUBLIC Mr Alan Barnard, Chair of the Marlow Bottom plus Older People’s Action Group, expressed</p>

	<p>his concern about what is happening with the Marlow Community Hospital. He has repeatedly asked for information but has not received answers to his queries. He has noted that the Marlow Community Hospital has been locked in the day time and there was no explanation as to why this was the case.</p> <p>The Chair apologised to Mr Barnard that we had not responded to his queries in a timely way and it was agreed that his questions would be answered as part of the agenda item on Community Hubs.</p> <p>The Director of Governance informed the Board that a question had been sent in advance from Mr Bill Russell who was concerned about the way information was being presented in the report around community hubs. The Chief Operating Officer had telephoned Mr Russell prior to the meeting and arranged to meet him to talk through his suggestions.</p>
<p>108/2018</p>	<p>COMMUNITY HUBS UPDATE</p> <p>The Chief Operating Officer presented a paper to update the board on the progress of the community hubs and prevention work.</p> <p>She apologised to Mr Barnard that nobody had come long to the Action Group. The Chief Executive Officer made a commitment that one of the executive team would attend the next meeting of the Action Group on the 31 July 2018.</p> <p>The Chief Nurse welcomed Mr Barnard to the stakeholder meeting if he was able to attend.</p> <p>Mr Jaitly considered it important that if the doors of the community hospital were locked in the day time there should be a sign with an explanation so that this managed people's expectations.</p>
<p>109/2018</p>	<p>INTEGRATED CARE SYSTEM UPDATE</p> <p>The Director of Strategy presented a paper to provide an update on progress and next steps for developing the Integrated Care System (ICS) operating model of care.</p> <p>Mr Jaitly requested a more granular level of key indicator monitoring at the Finance and Business Performance Committee.</p> <p>The Chair reported on a recent governance event hosted by NHS Providers which she and the Director for Governance had attended. The event had been focused on ICS governance. Thought would be given as to how this would be reflected back to Board.</p> <p>The Director for Strategy reported that the Director for Governance had been working on the risk matrix for the ICS which would be considered at the ICS Partnership Board.</p> <p>The Board considered that there was a need to increase the level of communications around the ICS and the Annual General Meeting on Saturday the 28th July 2018 provided an opportunity for this.</p> <p>The Director of Workforce and Organisational Transformation reported that there had been a funding allocation for each area within the Strategic Transformation Partnership with £165k allocation for Buckinghamshire. Bids were being submitted against this funding to Health Education Thames Valley.</p>
<p>110/2018</p>	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Chief Operating Officer presented the Integrated Performance report covering</p>

	<p>operational performance, quality, workforce and finance. In summary the financial performance year to date showed a deficit of £5.8m which was £4.5m below plan. The key issues were under delivery of the Cost Improvement Programme and increased medical staffing cost. The Quarter 1 performance resulted in the Trust not receiving the Provider Sustainability Funding of £1.8m which had further impacted on the position.</p> <p>In relation to workforce the Chief Operating Officer reported that nursing vacancies were increasing despite successful recruitment campaigns with a resulting increase in temporary staff spend and a risk of breaching the agency cap set by NHS Improvement. The team continued to focus on the recruitment and retention plans, there would be a nurse establishment review in the autumn, a review of all locum spend and a focus on conversion from agency to bank.</p> <p>The quality report indicated a reduction in the number of cases of Clostridium difficile, there had been one Grade 3/4 pressure ulcer, and the complaints response times had delivered over the target level.</p> <p>The Accident and Emergency four hour performance had improved from 89.1% to 91.1%; cancer 62day waits had improved from 74.5% compliance to 82.2%; and performance against the Referral to Treatment standard as at 90.2% which was above the trajectory set at 89.9%.</p> <p>The detailed exception reports and actions were included in the papers for the Board.</p> <p>Professor Lovegrove found the report helpful but wondered about the impact on 'Doris' the patient at the receiving end of care. She was particularly interested in the management of patients on the fractured neck of femur pathway.</p> <p>The Chief Nurse responded that the increase in demand on the trauma pathway had led to delays in time to theatre, which in turn had negatively impact on length of stay. This had not, however, had an impact on long term outcomes. It was agreed that further assurance on the management of patients on the fractured neck of femur pathway should come back to the Quality and Clinical Governance Committee.</p> <p>Mr Johnston was concerned that although the compliance with appraisals had improved the performance was still not good enough. Professor Sines agreed and explained that the Strategic Workforce Committee had considered this in great detail and at the next meeting in September would carry out a forensic review with a focus on local accountability. The concern of the Board in this matter was noted.</p> <p>Mr Jaitly informed the Board that the financial situation had been considered in detail at the Finance and Business Performance Committee.</p>
<p>111/2018</p>	<p>QUESTIONS FROM THE PUBLIC</p> <p>Mr Alan Barnard raised two matters of concern.</p> <p>The first was around the letters from the online 'Pharmacy2You' which he considered undermined the network of local pharmacies.</p> <p>The Chief Executive Officer agreed that greater clarify was needed around this NHS England commissioned service and he would arrange for a statement on this to be added to the minutes of the meeting. The Chief Executive Officer would also raise this with Healthwatch at a meeting that evening.</p> <p>The second area of concern was around withdrawal of funding by Bucks County Council</p>

	<p>for 'Prevention Matters'. The Chief Operating Officer informed the Board that this had gone out to tender and she would get the information to Mr Barnard about this.</p> <p>Post the Board Meeting the CEO added the following statement from NHS England about Pharmacy2You:</p> <p>Pharmacy2U is a distance selling pharmacy and therefore have no high street presence; they market the service they offer via mailshots. I can assure you that we have worked closely with Pharmacy2U to ensure clarity of meaning in their mailings and to stipulate that GP practices are not involved in providing information to them. Pharmacy2U have also had their mailing reviewed by the Plain English Campaign, who have issued their Crystal Clear Mark for the clarity and use of clear language – so have taken extra steps to ensure people are not misled and understand the proposition to make an informed decision.</p> <p>The use of the NHS logo on the letters is allowed as they are an NHS provider of pharmaceutical services, and they are in fact required to use the NHS logo when advertising any NHS funded services</p> <p>As a way of reducing confusion against vulnerable patients registering for the Pharmacy2U service, they introduced a process called vulnerable patient checks. This allows them to identify new patients by age, certain conditions, certain medications and/or have medication prescribed in quantities of 7 or 14 and may be expecting their medicines in a monitored dosage system. Patients meeting this criteria are contacted by telephone to confirm they understand the service they have signed up to.</p> <p>Pharmacy2U no longer run any direct mail activity (addressed to specific patients), only “door drops” that are targeting at a postcode level, that is, generic leaflets that are delivered to households within a postcode area but are not addressed to any specific people or addresses..</p> <p>Pharmacy2U are solely a distance selling company and are forbidden by the current Regulations from having any face to face contact with their patients. The distance selling model operated by Pharmacy2U fits only a small proportion of patients and their lifestyles.</p>
<p>112/2018</p>	<p>INFECTION PREVENTION & CONTROL REPORT & ANNUAL REPORT</p> <p>The Medical Director presented a report providing the Board with Infection Prevention data for June 2018. She particularly focused on concerns around Clostridium difficile and line infections.</p> <p>Professor Lovegrove requested further information on the remedies to come to the Quality and Clinical Governance committee.</p> <p>The Medical Director went on to present the Infection Prevention Control Annual Report.</p> <p>Mr Jaitly had a concern about compliance with training. The Medical Director responded that statutory training was one part of the armamentarium to minimise healthcare associated infection. There was a need to ensure that everyone received the right training. The Director of Workforce agreed that this was key training and should be at 99% compliance. Mr Jaitly expressed his frustration that this had been talked about for a long time. There was a need to get over the compliance with training threshold and consistently maintain compliance.</p> <p>The Chief Executive was keen to know how the Trust could learn from areas within the organisation that were doing well. It was agreed that this would be probed further at the Quality and Clinical Governance Committee as part of the work around developing as a</p>

	<p>learning organisation.</p> <p>Professor Lovegrove emphasised the importance of this being everyone’s business.</p> <p>The Chief Nurse wondered about the financial cost of healthcare associated infection. The Medical Director responded that she would be able to provide this information.</p> <p>Mr Johnston had read the report with interest, but noted that the anti-microbials stewardship was not in the report as it had been in previous years. The Medical Director would review this.</p>
<p>113/2018</p>	<p>ENHANCED MORTALITY REVIEW IMPROVING PATIENT SAFETY FOR FUTURE POPULATIONS</p> <p>The Medical Director presented a paper to provide a summary of achievements, learning and actions following the introduction of medical examiner and the revised mortality review process.</p> <p>The Director of Strategy noted the expertise we had developed within the organisation and that the team was influencing the national agenda.</p> <p>The Medical Director informed the Board that up to now Mr Northeast had been the lead for medical examiners in the Trust. Dr Helen Pegrum would be taking on this role from the beginning of August and as she was a Palliative Care Consultant this would add a new dimension to the process.</p> <p>Mr Johnston was keen to know what was actually being learned from the reviews. This prompted the Medical Director to think about how this could be linked to other elements such as sepsis management.</p> <p>Professor Lovegrove commented that she had been privileged to attend the national launch of this process with Mr Northeast and an enormous amount had been achieved in a short time. The Board agreed that the Chair and Chief Executive should write to Mr Northeast on behalf of the Board to thank him and comment his work on the new mortality review process.</p>
<p>114/2018</p>	<p>SAFE STAFFING REPORT</p> <p>The Chief Nurse presented a paper to provide the board with a high level summary of our compliance with safe staffing levels for quarter one of 2018. She reported that safe staffing was static and within the national average. She noted that the Trust benchmarked high compared with model hospital. There would be an acuity dependency review in September and the results would be reported to the Board in November 2018.</p> <p>There were 60 Band 4 staff now in post and the organisation was ambitious for another 60. The Chair congratulated the Chief Nurse on this achievement.</p> <p>Mr Jaitly did not consider that the fill rate was the best metric as it did not take into account skill mix. The Chief Nurse agreed that it was important to review a range of indicators in order to make a judgement. Mr Jaitly requested that this range should come through to Board. The Chief Nurse said that this would be possible when the Allocate project had been completed.</p> <p>Mr Jaitly asked whether there was a retention strategy for Band 4 members of staff. Professor Sines said that there was a good plan which was monitored through the Strategic Workforce Committee.</p> <p>The Director of Workforce added that retention was an important consideration across the</p>

	<p>Strategic Transformation Partnership and the importance of the support workforce was recognised.</p> <p>The Chief Executive Officer was concerned that the way the report as presented may mask variation. There was a need to report to the next level of granularity.</p> <p>The Chief Nurse reported on the dynamic daily process to keep patients' safe. There had been improvements in Wards 8 and 9 and the situation in Accident and Emergency would improve by September.</p> <p>Professor Lovegrove inquired as to whether there was sufficient resource to support student nurses given the support being provided to nursing associates. The Director of Workforce responded that the support for nursing associates was ring-fenced and separate from pre-registration nursing support. The Chief Executive Officer was keen to test this through student feedback. Professor Sines requested that this come back to the Strategic Workforce Committee.</p> <p>The Board noted the report. The issue of monitoring variability would come back in future reports to improve the level of assurance.</p>
115/2018	<p>FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p>
116/2018	<p>QUALITY AND CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p>
117/2018	<p>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT The Board noted the report.</p> <p>Professor Sines reported on the productive conversation with employee organisations and the renewed approach to the management of Health and Safety.</p>
118/2018	<p>AUDIT COMMITTEE CHAIR'S REPORT Mr Johnston as Chair of the Audit Committee commented that the Annual Audit letter had been entirely satisfactory.</p> <p>There had been a review into the work of Accounts Payable which showed their work to be of a very high quality.</p> <p>It was suggested that the CARE award winner who provided training on finances should come to the Board to carry out a training session.</p> <p>The Chair queried whether the Audit Committee were satisfied with the work of the Local Counter Fraud Specialist. Mr Johnston responded that the process worked as it should.</p> <p>The Board noted the report.</p>
119/2018	<p>PRIVATE BOARD SUMMARY REPORT The Board noted the summary of the private board held in May 2018.</p>
120/2018	<p>BOARD ATTENDANCE RECORD The Board noted the attendance record.</p>
121/2018	<p>MEDICAL APPRAISAL AND REVALIDATION ANNUAL BOARD REPORT</p>

	<p>The Medical Director presented a report to provide assurance to the Trust Board that internal processes for Medical Appraisal and Revalidation are robust, and to report on the 17/18 activity. She asked the board to agree the report.</p> <p>The board are asked to agree to the report and to delegate approval for the CEO to sign the 'Statement of compliance' Annex E confirming that the organisation, as a designated body, is in compliance with the regulations.</p> <p>The Medical Director wanted the Board to know the potential benefit of moving to an e-platform for this process. The Chair queried the timescale for the business case and received assurance that this was imminent.</p> <p>Mr Jaitly sought assurance that compliance with statutory training as a required element of revalidation and the Medical Director responded in the affirmative.</p> <p>The Board noted the report and delegated approval for the CEO to sign off Annex E.</p> <p>The Board did however request that there should be triangulation around statutory training as soon as possible.</p>
<p>122/2018</p>	<p>QUALITY ACCOUNTS SIGN OFF The Chief Nurse sought the Board's endorsement of the approval of the Quality Accounts 17/18 under the Emergency powers in the standing orders. The Board endorsed this approval.</p>
<p>123/2018</p>	<p>ORGANISATIONAL RISK PROFILE The Director for Governance presented a paper informing the Board of the organisation's top risks and how they were being managed. These related to delivery of the financial plan, workforce challenges, and pressures on the urgent care pathway. She also reported on risk concerns relating to the limited availability of capital.</p> <p>The Board Assurance Framework for 18/19 was presented to the Board having previously been reviewed at the Audit Committee.</p>
<p>124/2018</p>	<p>EXTENSION TO REVIEW DATES FOR POLICIES RESERVED TO THE BOARD The Director for Governance sought Board approval to extend the review date for the Risk Management Strategy and Risk Management Policy to September 2018; and to extend the review date for the Standing Orders and Standing Financial Instructions to November 2018.</p> <p>This request was supported by the Audit Committee in July 2018.</p> <p>The Board approved this request.</p>
<p>125/2018</p>	<p>RISKS IDENTIFIED THROUGH BOARD DISCUSSION The risks discussed through the meeting related to: compliance with the NHS constitution standards; delays in fractured neck of femur pathway; delivery of the financial plan; compliance with appraisals; numbers of line infections; numbers of cases of Clostridium difficile; compliance with statutory and mandatory training; and the recruitment and retention of staff.</p> <p>Mr Jaitly requested that the Risk and Compliance Monitoring Group consider the risks emerging through Board and Committee discussions when making recommendations relating to the Corporate Risk Register.</p>

<p>126/2018</p>	<p>ANY OTHER BUSINESS The Chair reminded the Board of the Annual General meeting and Trust Open Day on Saturday 28 July 2018.</p>
<p>127/2018</p>	<p>QUESTIONS FROM THE PUBLIC There were no further questions from the public.</p>
<p>128/2018</p>	<p>DATE OF NEXT MEETING The next meeting will be held on Wednesday 26 September 9a.m., The Gateway, Aylesbury.</p> <p>There being no further business the Chair recited the motion to bring the meeting in public to an end.</p>
	<p>Signed Trust Chair</p> <p>Dated.....</p>

DRAFT

ACTION MATRIX

Minute		Lead	Timescale	Update September 2018
021/2017	Fundraising for Charitable Funds to be discussed at a future board meeting	Director of Finance	31 July 2017	October Board following Charitable Funds Committee Meeting on 4 October.
142/2017	Terms of Reference of the ACS executive to be provided to the Board.	Director for Governance	31 January 2018	Awaiting revised version.
61/2018	Chair of Quality Committee to provide assurance to the Chair of Audit Committee with regard to clinical audit.	Chair of the Quality Committee	31 May 2018	Clinical Audit presentation to Audit Committee on 13 September.
076/2018	Corporate Objectives to be made real for the organisation in the next update.	Director of Strategy and organisation development	30 September 2018	
079/2018	Number of those are retiring to be captured in a report and reviewed by the Strategic Workforce committee	Director of workforce and organisation development	31 July 2018	
083/2018	Freedom to Speak report to include equality and diversity figures	Director of workforce and organisation development	30 November 2018	Not due
105/2018	Procurement and implementation of lone worker devices	Director of Finance	30 September 2018	Contract award 13 September
108/2018	Attendance at Marlow Bottom OPAG by a member of the executive team	Chief Operating Officer	31 July 2018	
108/2018	If the Marlow Community Hospital was closed in the day time there should be a sign up with an explanation.	Chief Operating Officer	26 September 2018	
109/2018	More granular reporting of ICS metrics at F&BP Committee	Director of Strategy	20 September 2018	ICS financial position now included in F&BP reporting.
110/2018	Further assurance on the management of patients on the fractured neck of femur pathway should come back to the Quality and Clinical Governance Committee.	Chief Nurse / Chief Operating Officer	2 October 2018	
111/2018	Statement on Pharmacy2You to be added to the minutes of the meeting.	Chief Executive Officer	31 August 2018	Completed – completed in July Board Minutes.
112/2018	Further information on the remedies relating to Clostridium difficile and line infections to	Medical Director	2 October 2018	

Minute		Lead	Timescale	Update September 2018
	come to the Quality and Clinical Governance committee.			
112/2018	Review whether anti-microbials stewardship should be in the Infection Control Annual Report	Medical Director	30 September 2018	On agenda.
113/2018	The Board agreed that the Chair and Chief Executive should write to Mr Northeast on behalf of the Board to thank him and comment his work on the new mortality review process.	Chair / CEO	31 August 2018	Completed.
114/2018	Pre-registration student nurse feedback to be reported to the Strategic Workforce Committee	Director of Workforce	3 October 2018	On agenda for Strategic Workforce Committee October 2018.
121/2018	Triangulation around statutory training with respect to revalidation to be provided as soon as possible.	Medical Director / Director of Workforce	30 September 2018	Paper to go to October Strategic Workforce Committee.
125/2018	Risk and Compliance Monitoring Group consider the risks emerging through Board and Committee discussions when making recommendations relating to the Corporate Risk Register.	Director for Governance	30 September 2018	Now included in the risk register review paper for Risk and Compliance Monitoring Group. This will be seen at the next meeting on the 15 October 2018.